

21 July 2011

Committee Secretary
Senate Standing Committees on Community Affairs
PO Box 6100
Parliament House
Canberra ACT 2600
Australia

Dear Committee Secretary

**Re: Community Affairs References Committee for inquiry and report by
16 August 2011: The Government's funding and administration of mental
health services in Australia,
(ii) workforce qualifications and training of psychologists, and
(iii) workforce shortages;
(f) the adequacy of mental health funding and services for
disadvantaged groups, including:
(i) culturally and linguistically diverse communities,
(ii) Indigenous communities, and
(iii) people with disabilities;**

As a practising senior specialist psychologist (under the Crown Employees Award), I am writing to express my deep concern that current APS Clinical College, and Psychology Board of Australia (PBA), practices actively discriminate against experienced psychologists working in rural/remote areas. This, in turn, directly disadvantages the public living in rural areas. In particular the following APS Clinical College/PBA practices are of most concern.

Shortly after completing a Masters of Clinical Psychology, I moved to a regional centre providing psychology services to a regional/remote region for government disability services. I have a commitment to working in the public sector, and have accumulated extensive experience in the provision of psychological services to regional and rural service users. Having moved, I find that I am actively disadvantaged in my attempts to gain formal membership/endorsement with the APS Clinical College and the PBA. I require this if I am to be allowed to continue to use the now endorsed title of Clinical Psychologist. I consider the processes of both organisations do not adequately consider the issues facing regional/rural psychologists.

Throughout my employment in the regional/rural public sector, I have received

high level supervision from experienced and qualified psychologists: including those with Masters qualifications in endorsed areas of practice; and members of APS Colleges, such as the Forensic College. This supervision has not been recognised towards Clinical membership by the APS or Clinical endorsement by the PBA, as it was not provided by Clinical College members. Despite their skills and qualifications, my supervisions have not been considered as 'equivalent' to Clinical College members. In this regional/rural area, none of my seniors in the public sector held Clinical endorsement/membership. My peers, who remained in Melbourne following graduation, have been, in the majority, supervised within the public sector by Clinical College members, and so rapidly gained College membership/endorsement.

In addition, the APS and the PBA did not approve of the level of telephone and group supervision that I presented for their review. In regional/rural areas, where a supervisor may be located 600kms away, it is common for supervision to include telephone and group components – this reality is not recognised by the APS or The PBA.

I have had to 'start from scratch' in my pathway to Clinical College membership/endorsement, completing logged supervision with Clinical College member/endorsed psychologists. According to the APS supervisors register, my closest Clinical College supervisor is 161.8kms away. I have selected supervisors with specialised knowledge and experience in my field. To meet face to face supervision requirements for Clinical College membership/PBA endorsement, I regularly make 4 hour round trips to receive clinical supervision.

The Commonwealth's commitment to meeting the health needs of people who live in rural, regional and remote areas, is dependant upon the recruitment and retention of clinicians. Processes which hinder regional clinicians, such as failure to acknowledge supervisors' equivalent experience and qualifications, or telephone based supervision, disadvantage both clinicians and the community.

Thank you for your consideration.